

Statement of Termination

This form must be completed by officeholders, candidates, and recipient committees that wish to terminate pursuant to Government Code Section 84214.

Officeholders and candidates file an original of this form with the filing officer with whom they file the originals of their campaign statements.

Committees file an original of this form with the Secretary of State and, if applicable, a copy with the local filing officer.

Type or Print Name

RECEIVED
AND FILED

In the office of the Secretary of State
of the State of California

FEB 01 1993

MARCH FONG EU, Secretary of State

Date Stamp

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FEB 29 PM 3:12

CITY OF LOS ANGELES
CITY OF LOS ANGELES

TERMINATION

CALIFORNIA
1991 FORM

415

A For Official Use Only

I Officeholder or Candidate Termination

NAME OF OFFICEHOLDER OR CANDIDATE

Kenneth Dale Heffel
RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)
800 South Ham Lane
CITY Lodi STATE CA ZIP CODE 95240

AREA CODE/PHONE NUMBER
209 369-5242

II Information on Office Sought or Held

OFFICE SOUGHT OR HELD

Lodi City Council
LOCATION (IF APPLICABLE) Lodi CA DISTRICT NUMBER (IF APPLICABLE)
EFFECTIVE DATE OF TERMINATION 1/28/93

III Verification

I have used all reasonable diligence in preparing this statement. I have ceased to receive contributions and make expenditures; do not anticipate receiving contributions or repayments of outstanding loans made to others or any other receipts, or making expenditures in the future; have eliminated or declare that I have no intention or ability to discharge all debts, loans received, and other obligations; have no surplus funds; and have filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/29/93 At Lodi CA
By Kenneth Dale Heffel
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

NOTE: Additional filing obligations will be incurred if an officeholder, candidate, or committee begins raising or spending funds or receives the forgiveness of a loan or repayments of loans made to others or any other receipts.

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

State of California Fair Political Practices Commission.

I Recipient Committee Termination

NAME OF COMMITTEE

FRIENDS OF KEN HEFFEL FOR Lodi CITY COUNCIL
ADDRESS OF COMMITTEE (NO. AND STREET)

I.D. NUMBER

922130

CITY STATE ZIP CODE

AREA CODE/PHONE NUMBER

II Treasurer Information

NAME OF TREASURER

Ralph Wetmore
PERMANENT ADDRESS OF TREASURER (NO. AND STREET)
530 Connie St.
CITY Lodi STATE CA ZIP CODE 95240

AREA CODE/DAYTIME PHONE NUMBER 209 369-3249 EFFECTIVE DATE OF TERMINATION 1/29/93

III Verification

I have used all reasonable diligence in preparing this statement. This committee has ceased to receive contributions and make expenditures; does not anticipate receiving contributions or repayments of outstanding loans made to others or any other receipts, or making expenditures in the future; has eliminated or declares that it has no intention or ability to discharge all debts, loans received, and other obligations; has no surplus funds; and has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/29/93 At Lodi CA
By Ralph M. Wetmore
SIGNATURE OF TREASURER

Executed on 1/29/93 At Lodi CA
By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on At
DATE CITY AND STATE
By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on At
DATE CITY AND STATE
By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

mailed on 1/29/93
to Sec. State

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I Officeholder or Candidate Termination

NAME OF OFFICEHOLDER OR CANDIDATE

RESIDENTIAL OR BUSINESS ADDRESS: Kenneth Dale Haffel
802 South Ham Lane
CITY Lodi STATE CA ZIP CODE 95240
AREA CODE/PHONE NUMBER 209 367-5242

II Information on Office Sought or Held

OFFICE SOUGHT OR HELD

LOCATION (IF APPLICABLE) Lodi City Council
Lodi, CA DISTRICT NUMBER (IF APPLICABLE)
EFFECTIVE DATE OF TERMINATION 1/28/93

III Verification

I have used all reasonable diligence in preparing this statement. I have ceased to receive contributions and make expenditures; do not anticipate receiving contributions or repayments of outstanding loans made to others or any other receipts, or making expenditures in the future; have eliminated or declare that I have no intention or ability to discharge all debts, loans received, and other obligations; have no surplus funds; and have filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/27/93 At Lodi CA
By Kenneth Dale Haffel
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

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State of California Fair Political Practices Commission.

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CALIFORNIA
1991 FORM 415

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FEB 8 1993

CITY CLERK
CITY OF LODI

I Recipient Committee Termination

NAME OF COMMITTEE

I.D. NUMBER

ADDRESS OF COMMITTEE (NO. AND STREET)

922130

CITY STATE ZIP CODE

AREA CODE/PHONE NUMBER

II Treasurer Information

NAME OF TREASURER

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)
Ralph Wetmore
530 Connie St.

CITY Lodi STATE CA ZIP CODE 95240
AREA CODE/DAYTIME PHONE NUMBER 209 367-3249

EFFECTIVE DATE OF TERMINATION
1/29/93

III Verification

I have used all reasonable diligence in preparing this statement. This committee has ceased to receive contributions and make expenditures; does not anticipate receiving contributions or repayments of outstanding loans made to others or any other receipts, or making expenditures in the future; has eliminated or declares that it has no intention or ability to discharge all debts, loans received, and other obligations; has no surplus funds; and has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/29/93 At Lodi CA
By Ralph M. Wetmore
SIGNATURE OF TREASURER

Executed on 1/29/93 At Lodi CA
DATE CITY AND STATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ At _____
DATE CITY AND STATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ At _____
DATE CITY AND STATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT